

10' 516300

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/20/2004 GFREY1 00000074 10516300

01 FC:1631	300.00 OP
<del>02 FC:1632</del>	<del>500.00 OP</del>
03 FC:1633	200.00 OP
04 FC:1615	1150.00 OP
05 FC:1616	360.00 OP

Repl. Ref: 05/27/2005 KBALTIMO 0016020200  
DAR:000000 Name/Number:10516300  
FC: 9204 \$100.00 CR

Adjustment date: 05/27/2005 KBALTIMO  
12/20/2004 GFREY1 00000074 10516300  
~~02 FC:1632~~ -500.00 OP

05/27/2005 KBALTIMO 00000002 10516300

01 FC:1642 400.00 OP

PTO-1556

(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>3/26/05</u>		2 Serial/Patent # <u>10/576300</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>		\$ <u>100</u>							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>		0	2	--	0	2	0	0
0	2	--	0	2	0	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Kaya Lauer</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Kaya Lauer</u>		PHONE: <u>(703) 308-9140</u> <u>Ext 202</u>								
OFFICE: _____										
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APPROVED: _____		DATE: _____								

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